

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP
	IND	DEP	IND	DEP	IND	DEP		
1							51	/
2	/						52	/
3	/						53	
4	/						54	
5	/						55	
6	/						56	
7	/						57	
8	/						58	
9	/						59	
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12	/						62	
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15	/						65	
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40	/						90	
41	/						91	
42	/						92	
43	/						93	
44	/						94	
45	/						95	
46	/						96	
47	/						97	
48	/						98	
49	/						99	
50	/						100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	